

PART B - FEE(S) TRANSMITTAL

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23885 7593 0624/2009

ELI LILLY & COMPANY
PATENT DIVISION
P.O. BOX 6288
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(Date)

APPLICATION NO.	FILED DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/542,579	07/05/2005	Scott Eugene Connor	X16180	5325

TITLE OF INVENTION: SULFONAMIDE DERIVATIVES AS PPAR MODULATORS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
non-provisional	NO	\$1510	\$200	\$0	\$1810	09/24/2009
EXAMINER	ART UNIT	CLASS-SUBCLASS				
O SULLIVAN, PETER G	1621	564-080000				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.36).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122 attached).
- "Fee Address" indication for "Fee Address" Indication form PTO/SB/47; Rev 03-02, or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 - (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
- | | |
|-------------------------|-------------------------|
| MaCharri Vorndran-Jones | _____

_____ |
|-------------------------|-------------------------|

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Eli Lilly and Company

Indianapolis, Indiana

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

- Issue Fee
- Publication Fee (No small entity discount permitted)
- Advance Order - # of Copies _____

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- A check is enclosed.
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- The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 05-0840 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date 9/16/2009

Typed or printed name

MaCharri Vorndran-Jones

Registration No. 36,711

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